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LEADING ARTICLES

SEEING TURKEY WITH MEDICAL EYES.

R. G. ECCLES, M. D.

BROOKLYN, N. Y.

BEFORE leaving the United States for a periterrestrial tour the writer promised the editor of the MEDICAL FORTNIGHTLY that he would send him some letters descriptive of the people and countries visited. Since that promise was made days have extended into weeks and weeks into months without an opportunity having occurred in which to redeem that pledge. Those who confine their journeyings to the main water routes have ample leisure time in which to write, but those who, like myself, journey most of the way overland and at short daily stages, find it impossible to settle down to careful or concentrated thought. Having, since leaving home, covered nearly fifteen thousand miles, exclusive of my main sea voyages, and having by horse, donkey, jaunting car, carriage, row boat, sailing boat and launch visited over one hundred regions of interest to tourists, as well as others of purely personal interest, opportunities to even write short letters have been very scarce. This communication is being written in the Indian Ocean, between Cape Guardafu and Ceylon, on the steamship Prussin. It is the first opportunity for such work that has presented itself.

Milton refers to India as the "Gorgeous East." It can be applied with equal aptness to Turkey. There is probably no city in the world more likely to give a passing traveller the impression of gorgeousness as does Constantinople. The contour and hill curves of Stambul, Pera, Galata, and Scutari are decidedly beautiful. The indentations of the Sea of Marmora, the Bosphorus and the Golden Horn impress the susceptible like a charming poem. When seen from the deck of an incoming ship the curved domes, the graceful minarets, and the many towers that meet the vision add a charm of novelty and strangeness to the scene that is wanting in all other cities. Those who are fortunate enough to see all these amid the splendor of a brilliant sunset, as the writer was, are sure to feel as if the heavenly doors had been left ajar and they were stealing a furtive glimpse of paradise. Then the splendor reaches its maximum, and it is simply indescribably beautiful. As myself and companion made our first entrance, from the Sea of Marmora, the sun hung like a ball of fire, suspended among crimson clouds, at the rear of our ship. As we looked at Constantinople every window in Stambul and Scutari, as well as far up the hills of Pera and Galata glittered and corruscated as if illuminated by flames of crimson and gold. At every step of our progress, around Seraglia Point, there was an incessant shifting of the magnificent panorama and a constant changing of the grand pyrotechnic display. Our ship swept to the mouth of the Bosphorus in order to drift with the tide into her place of mooring in the Golden Horn. Then a magical transformation occurred. We now viewed Stambul from the opposite side and the sun, instead of being at our backs, formed a magnificent crown which seemed to rest exactly over the dome of San Sofia. Every one of the many minarets, that there greeted the eye, seemed to flaunt a banner of crimson and burnished orange, due to the myriads of little fleecy clouds that hovered over them. The sky shaded from the flaming splendor of the sun through all the warm colors of the spectrum to yellow, pale green and finally azure. It is common for visitors to Constantinople to go into ecstacies over the splendor of its first appearance, but to see it at its best it must be seen painted in the lavish manner that nature adorned it on that occasion. A picture with such col-

ors would probably bring the artist into disrepute for exaggeration, and it is my fear that this word painting may have a similar effect on the readers of the FORTNIGHTLY. Without stopping to emphasize the fact of its sober reality permit me to proceed to the statement that the enchanting splendor here depicted soon met with disillusion. Constantinople as seen from a ship and Constantinople as seen at close range, within its streets, constitute two quite unlike experiences. Mud and filth, squalor and degradation jostle each other in the streets. They even meet face to face in homes and mosques. The supposedly sacred places are, from the American view-point, indescribably dirty. The finest mosques, from San Sofia downward are kept in a condition of neglect that is most distressing to every visitor who has expected better things. In no Christian land would the poorest of churches be left with such utter lack of care. The Mohammedans pride themselves on their cleanliness. They must wash at least five times a day. The Koran commands it. Public opinion demands it. But, alas, some of the washing that is done, even within the secret precincts of mosques and tombs is terribly perfunctory. All around the outer walls of the mosques are placed numerous washing places, each with a supply of water. The faithful must perform their ablutions in these places before entering to pray. To see some enter with the water unremoved and dust-clouds polluting them, while others thoughtlessly wipe off their faces with filthy garments that moment before had been in the mud, racks the Christian onlooker with mirth and sadness, as they contend within him for the mastery. One does not know whether to laugh or cry at such a sight. When away from a supply of water they are permitted to use sand as a substitute before praying. Sand could certainly make them no dirtier than Constantinople or Damascus mud. Whenever a Giaour enters a mosque he must cover his shoes with slippers—and such slippers. We had always to call in the services of a shoe black after this operation. As we wandered over the mat-covered floors our movements sometimes pumped out of them enough dust to show itself on our garments. With numerous tourists doing the same every day, what must be the condition of those floors and rugs? That dust was the dried mud of filthy streets. Had we entered the mosque as we enter a church our shoes would have been wiped with scrupulous care. In the orient no such wiping occurs and the dirt merely accumulates within the slippers to, later, be transferred, germs and all, into the interior of the supposedly sacred edifice. But this is not the most unhygienic feature of these places. The dampness, due to so many water faucets, the stagnant mosquito-breeding pools that underlie them, and the Mecca pilgrims, make every mosque in Turkey a focus of disease. Each mosque is, practically, a hotel for tramps. It supplies sleeping places for the pilgrims who pass it on their way to the Holy City of Arabia. They eat, sleep and do their washing within its sacred grounds. Sometimes there are more of them in a single mosque than guests in the best hotels. Whether germ-laden or pediculi covered, it is all the same. They horde together and breed infective material to scatter to others. At this season of the year there are always one or more ships in the harbors of all Turkish ports carrying the green flag, that indicates that they are going to Mecca with pilgrims. From every surrounding region they go in multitudes to these ports and take passage in these ships. We hear much about the infection which they bring back from Mecca, but little about the infection which they carry to that center from the mosque en route. Mosque and mosquito spell much the same thing and the system of ablutions, inaugurated by Mohammed, is not only responsible for this, but is also responsible for the dampness of skin and garments that make possible the planting on the cuticle of the microbes of leprosy. If the prophet could come back to earth and, with intelligent, educated eyes, see the results of his well-intended efforts in trying to make the impure pure, and the immoral moral, he would be shocked at the way it has all miscarried. Enforced reform usually, and probably always, miscarries, producing results the reverse of those intended. The unspeakableness of Turkey is less in Turkish intent than in the foulness that develops from the Turk's most ideal acts. The bigotry of the fanatical and the filth of the streets he would be willing to concede are in need of correction, but that the very essentials of Saracenic teaching could lead to an evil that curses the whole earth, the most advanced of them would not for a moment believe. Yet to this the world is indebted for the spread of plague, of typhoid fever, of Malta fever, of Asiatic cholera, of leprosy, and of malaria. With the hope of keeping down mosquitos eucalyptus trees are being planted all through the country, but no effort is, or will be, tried to close up the most prolific breeding places of these pests.

> "Faith, fanatic faith, once wedded fast
> To some dear falsehood, hugs it to the last."

But force of habit in secular affairs leads to conditions about as bad as in religious. Little effort is made to keep the streets clean. If it was only clean mud that had to be com-

plained of it would be bad enough. When that mud is impregnated with unmentionable foulness from human beings and multitudes of pariah dogs, and when at every turn in a street one has to keep a sharp lookout in order not to step into putrescent filth there is certainly wide latitude for complaint. For ages our people believed blindly in the scavenger qualities of house-flies, ignorantly thinking that they performed a useful function in ridding the earth of decomposing organic matter. In Turkey this delusion seems to be applied to dogs. While they have an abundance of flies that carry infection from cesspools to bakeries and butcher shops and plant the same on food, to bring forth harvests of a hundred-fold, they do not appear to think these public benefactors. The dogs, however, are looked upon as something of a blessing. Their numbers astonish every newcomer, and the astonishment grows on learning that not one of these numerous barking and howling packs, that act as murders of sleep, are owned by any person. They are supposed to earn the waste food that is thrown at them by acting as scavengers. The newcomer who takes pity upon them is himself at once converted into a being worthy of pity. One day, in lieu of any better gift, I patted the head of one of them and spoke a kind word to it. Instantly it acted as if a long lost friend had been discovered, and nothing less would satisfy it than to try and reach my face with its caresses. In an instant not one but ten dogs were around me all trying to become first in my affections, while from every direction new recruits were hurrying to join in the general love-feast. But for the boot-toe of my Musselman guide it would be difficult to say how numerous the pack would have reached, or how much like a mud-bedraggled scare-crow I would have become. They were all imitating their oriental betters in trying to cajole me into giving "backsheesh." With wagging of tails, twisting of bodies, and grimacing of faces they were all trying hard to say: "Allah bless thee as a free giver, thou kind one sent to me from heaven." That these dogs act as fathful scavengers is no doubt true. That by so doing they can save a city from plague is highly problematic. The false notion that the germs of putrefaction are the germs of disease plays strange tricks on human logic. The fetid odor of decomposition is not the odor of infective germs. Neither sulphuretted hydrogen or skatol are products of typhoid, cholera, or plague germs. When the dogs of Turkey remove putrefying material from the streets they in no way save the people from disease. Should that putrefying material accidentally get infected with pathogenic micro-organisms and any person try to handle it or eat it, then trouble would begin to brew. Should a pariah dog eat it he would at once become a lively center of infection to scatter the seed from its original focus. By eating up the infected mass he would certainly deodorize it, but he might not disinfect it. Turkey's dogs act as deodorizers of foul-smelling materials, but while doing so they are quite likely to act as centers for disseminating disease. They constantly veneer the streets with their dejecta that, as likely as not, is frequently infected by pathogenic micro-organisms. In the broad streets of occidental cities direct sunlight is constantly at work killing such germs. In the streets of Turkish cities the sun gets but small opportunity to help in this way and in the bazaars and homes of the people it gets less. A gleam of sunlight is a rarity in many of them. So narrow and so crooked are they that it is with the utmost difficulty that a stranger can tell which direction he is travelling, whether he is out in the street or within a merchant's mart. None of the streets are broad. Some are startlingly narrow. Those in which the opposite walls can be touched simultaneously with the fingers of the right and left hands are not infrequent. When bay-windows extend from each side above, they very often touch. The widest streets barely permit of the passage of two vehicles, and between these and the arcaded marts, known as bazaars, are all degrees. Of the latter class of streets(?) there are in Constantinople, Brusau, Smyrna, Damascus, and Jerusalem many miles. They form immense sheds, through the windowed roofs of which an occasional glimmer of direct sunlight may pass. Within these arcades numerous merchants display their wares, each having an arched recess in the wall that he uses as a store or shop, and on the shelves of which are kept such goods as are not found on his share of the street, or on the floor of his reservation. Often they have more of a display laid out on the public street than within his store. Within the immense inclosures, the various classes of merchants and tradesmen are found in assorted groups. The butchers are together, the bakers are together, the grocers are together, the saddlers are together, the shoemakers are together, the dealers in silks are together, and so on through the list. The only class that is not grouped in this manner are the money-changers, a class of merchants only known to Americans as the fellows that Christ drove from the temple at the time of his triumphal entry into Jerusalem. Here they are probably the most numerous of any one class of dealers, and they have scattered themselves all

over every Turkish city. Their work is, as their name implies, the changers of money. In America merchants make change for all purchasers and sometimes for non-purchasers without a murmur. In every Turkish city the purchaser must supply his own change, or the merchants are likely to take more from him for changing his bill to pay themselves than he would have to pay the regular money changer. Every time a bill is changed the one who does the changing demands a profit. This is how it happens that so many of these changers are found in every place where there are stores.

But, to return to a consideration of the immense arcaded bazaars. What can be the condition of the air within them? At the close of business the dark recesses containing the goods are closed with an iron draw-down shutter, thus forming a doorless, windowless vault. The arcaded lanes are lined, from end to end, with these. Thousands of such dingy prisons constitute the day homes of their proprietors. While we do not know whether any estimate has been made of the amount of carbon di-oxide found in the air of these grottoes we do not know that it must exceed that of any standard fixed by a board of health for a church or school. The numerous merchants together with the still more numerous patrons cannot do otherwise than render the air unfit for respiration. The absence of direct sunlight precludes natural disinfecting of the germs of infected breath, of tuberculous sputa and of other contact and air borne diseases. Nor do Mohammedan merchants gain much by going home. Their houses have every window that faces a neighbor's home or a street covered with close wooden lattice work. This is to keep masculine eyes from gazing on the ladies of the harems while they are unveiled. In the streets these women must not show their faces. Only the eyes can be seen through an opening over the thick veil. When they travel in a street car the conductor must draw over the seat they occupy a heavy curtain that extends from roof to floor of the car. At best the air in these cars is none too pure, and in warm weather the heat is stifling, but air delicate Mohammedan women must endure such torture, in order to conform to the demands of public opinion. When on board Christian ships those of the higher class abandon their Turkish costumes and appear like the rest of the passengers. One would think that when a Mohammedan lady, upon a street car, is curtained around, that her husband would seat himself by her side and keep her company. This, however, does not occur. He betakes himself to the coolest and airiest part of the car, on all warm days, and when they leave the car she must walk behind instead of alongside her lord and master. But women, in Turkey, receive no chivalrous treatment. Even when she ventures into a mosque to pray, a scowl instead of a smile is pretty certain to greet her, and hence it happens that men, not women, throng these places of worship. The only places where great numbers of women can be seen praying is in the grave-yards. There, one day in the week, they go and place flowers over the graves of loved ones and bend the head in secret prayer, or go through the long formality of worshiping Allah in the direction of Mecca while telling over the 99 beads of his sacred names. These women, too, in imitation of their Irish, Spanish, Italian and French sisters, frequently place votive offerings at the tombs of the dead in order to get healed of some affliction or to get good luck. The men are inclined to scoff at them for this weakness.

It would be interesting to know how large a proportion the bald-headed bear to the normal haired throughout Turkey. The fez and turban are such close-fitting head-gear that one would naturally expect to find them to be frequent causes of baldness. So few were the aged people that I saw while travelling there that it was a frequent source of wonder what had become of them. Possibly, like the women, they were kept at home. But the red fez is one of the things that first attracts the tourist's attention, and then the numerous places where what appear to be great numbers of brass cooking pans are displayed, is next. The supposed brass pans are presses for restoring the forms of fezzes after they get out of shape by wear. To stand on the bridge at the entrance to the Golden Horn and watch the passing crowds of men of every nationality crossing and recrossing is an interesting sight. The great majority wear the bright red fez. There are Albanians with pants, the seat of which flops and swings behind them as it almost touches the ground. On their heads are perched red fezzes. There are Arabs with black gowns extending to their feet, making them look like women but for the red fez. There are Greeks in a costume almost exactly like that of the ballet-girl of the theatre, and on their heads are red fezzes. There are dervishes with garments of sackcloth or camel's hair with as little the shape of human clothing as a gunny-sack, and they too have the fez. There are men wearing garments that look as if they might have been made by a New York tailor, and they, too, are topped with the red fez. But they do not all wear this style of head-gear. Multitudes pass, around whose heads are wrapped yards of cotton cloth to form a turban. Usu-

ally each turban contains about five yards of cloth that is nearly a yard wide. Some of them are made of a colored shawl or handkerchief fastened in place by a dexterous twist, or held in position by a black snake-like double coil. The descendants of the prophet are distinguishable by a green band around a fez or turban. To describe all the grotesque forms of garbs that cross that bridge in a day would baffle the most expert writer in the world, but the one fact that can be pointed out is the complete defiance of all rules of health for the hair, which the majority pursue. Not satisfied with wearing these head-coverings in life the faithful decorate their tombs with them after death. The tombs of kings have the real head-gear of the respective monarchs placed at the heads of their biers. The plain citizens get the stone-cutters or wood-turners to represent their fez or turban on their tomb-stones and tomb-boards.

But, perhaps, the most startling among the many startling sights that a stranger sees on that bridge is the loads carried by the native porters. Everything from building stones to pianos, and from dead horses to sides of beef are carried on men's backs. There are no truck horses or truck carts. A street porter will pick up, carry for blocks on his back, and deposit on the fifth floor of a hotel the heaviest Saratoga trunks ever brought to the place by the travelling tourists. It is no unusual thing to see them come along with an immense iron range or a Steinway grand piano, perched on their backs. I have seen one man carrying, balanced on a pole thrown over his shoulder, three carcasses of large sheep. It is common to see them with a whole side of beef or a small block of granite. Three or four of them with poles, on which to suspend the load, will carry, through the streets, polished corner-stones or other building stones weighing a ton. I should expect to discover, by tracing the life histories of these men, that they finally submit to spinal curvature, emphysema, aneurism, or heart disease. Where they go with their loads everybody has to get out of their way and when going without a load the mere force of habit seems to make them think that everybody should even then keep out of their way.

Many tourists in the Turkish dominions suffer from diarrheal troubles. So-called Malta fever is common. That these troubles do not come from the water is pretty certain since those who suffer most are found among those who never drink the native water. They invariably use bottled water and other bottled beverages at the table. The writer drank with impunity the local supplies of water in every place and did not have any sickness but an influenzal coryza, or severe cold, due, probably, to contact with other sufferers, during or following a chilling. Goat's milk is about the only kind of milk supplied to travellers, and this has long been suspected as the carrier of Malta fever. Goat's butter may not be free from the germs of this fever, but it is not likely that it carries enough to impart any disease. Its appearance, when first seen by the tourist, makes it quite a curiosity. In places where no artificial color is added it is almost as white as snow, at this season of the year. My first introduction to it was at Brusa, and in going to that place I had my first introduction to the Turkish teskerah. This is a kind of passport that all foreigners must get before being permitted to leave any city on the Turkish coast. It has the double advantage of enabling the government to keep track of every move we make and compelling us to turn some of our American dollars into the Sultan's exchequer. At every change to a new place it must be viséed and inspected, otherwise the traveller is not permitted to leave. It would be useless to show our American passport. That, even when properly viséed by a Turkish consul, is no good in Turkey except as it is needed in order to get a teskerah. Every time this instrument is viséed a new fee is demanded, so that in making an extended tour one's Turkish taxes become about as great as his home taxes when he owns a fair share of real estate.

In my next communication I will refer to the medical situation in Turkey, but in the meantime will call attention to the fact that every person in the Sultan's dominions looks upon himself as a specialist, since he fixes his charges in proportion to what he thinks his patron is able or willing to pay. There are no prices for anything in the country. The prices asked, even by the boot-blacks, the barbers and the bakers are such as the case is likely to bear and without sharp bargaining strangers get woefully fleeced.

WHAT is the dose? Just enough to produce the effect desired.

FIVE MILLION DOLLARS FOR PARIS PASTEUR INSTITUTE.—A cable despatch announces that the will of the late multimillionaire of Paris, Daniel Osiris, who died February 4, bequeathes $5,000,000 to the Paris Pasteur Institute. Osiris has given many gifts to science and the public before, and in 1890 presented to the nation Malmaison, the historic residence of the Empress Josephine from 1789 to 1814.

THE QUINCY (ILL.) MEDICAL AND LIBRARY ASSOCIATION.*

JOSEPH ROBBINS, M. D.

QUINCY, ILL.

As a decade has passed since the organization of this association, it is perhaps worth while to pause for a moment and look back over the way that we have come.

The motives which prompted its formation were both professional and economical, with perhaps as slight an alloy of personal ambition as ever enters into an enterprise of this kind.

Whatever of this element there was in the movement was of itself not wholly lacking in the altruistic quality, it being no more than a pardonable self-gratulation at being the first movers in a plan for the ultimate betterment of the profession, so inexpensive that all could afford to participate in it, with present advantages that every one could better afford to share than pass by.

The economic motive not only entered into the hope of establishing a library for the whole profession, larger and richer than any of its individual members could afford to own, which in its building should be a potent factor in unifying the local profession, and ultimately become a credit to the city of our home; but entered more largely still into the present certainty that by pooling our expenditures for professional literature the cream thereof could by the circulating plan be brought within equal reach of every member, regardless of his financial ability.

These purposes took shape in the autumn of 1896, largely through the inspiration and active work of Dr. G. Walter Barr, then practicing in our city, but more recently engaged in newspaper work in the neighboring city of Keokuk, where he now resides, and is winning the favor of a rapidly widening public as a successful writer of fiction. Scarcely second to him in the amount of time and labor given to the details of the preliminary work was Dr. Charles W. Rook, now of Julesburg, Colorado.

The first formal meeting of the projectors was held September 1, 1896, at the office of Drs. R. J. Christie, father and son. Other meetings followed, and on the 23d of December, 1896, the Quincy Medical and Library Association was incorporated under the laws of the State, with the following members: G. Walter Barr, R. J. Christie, Sr., Leonard L. Gill, Edmund B. Montgomery, Charles W. Rook and Joseph Robbins.

The organization of the association had been completed on the 14th of December, 1896, by the election of officers to serve until the annual meeting on the second Thursday of January, 1897.

Soon afterwards, the trustees of the public library, recognizing the association library as a valuable adjunct to their own work, gave us the use of this room—the directors' room of the Public Library—for our meetings and for the housing of our books. The book stacks, cases, and other shelving are of our own furnishing.

At the outset, while it was estimated that with such membership as we might reasonably expect to enlist, quarterly dues of one dollar, or four dollars per year, would give the members the reading of the best periodicals covering the whole domain of medical science, and provide for binding the same into volumes which take their place on our shelves as an accessible part of our permanent treasures, it was necessary in order to secure the economic advantages of advance payments, to establish a joining fee of five dollars, and with this we were enabled to begin business.

This fee is of course payable but once; and while its imposition was then a necessity—like the "false work" of a bridge, which may be removed after the structure is completed—the influx of a sufficient number of new members to insure the easy working of the circulating department; the means for keeping the binding up-to-date, and to meet the occasional demands for new shelving, and for the occasional purchase of new standard works that are beyond the reach of the ordinary purse—as has been the policy in the past—would warrant its abolition.

The total amount paid into the treasury since the organization of the association has been in round numbers $900.

By a judicious use of this small amount; by donations of books by members and others—notably amonng the latter, the generous donation by Dr. A. F. Rooney of a large number of volumes from the library of her late hubsand, Dr. Michael Rooney; the complete library of the late Dr. H. W. Kendall, donated to us by his widow, and valuable historic antiques from the library of the late Dr. Joel Darrah, of Honey Creek, presented by Dr. Wm. E. Gilliland, of Coatsburg, and by purchase, not only has the circulating department been kept up, but a library of 1256 volumes has been built up with a standing which entitles us to affiliation with other medical libraries, through the national library association, which we now enjoy, and which brings to us many valuable publications from the office of the surgeon-general of the United

*Remarks of the president at the eleventh annual meeting, January 13, 1907.

States—volumes not generally procurable save by public or semi-public libraries.

The membership of the association at present is sixteen, a number as surpisingly as it is regrettably small, from any point of view.

Every reputable physician ought to be interested in the building up of a library which shall be an honor to the profession which has conferred upon him the honor of recognition as a joint heir with his fellows the world over to the glory of its achievements. But even if he has not that sort of interest in its success, it is surprising that merely selfish interest should not prompt him to avail himself of the opportunity which membership in this association offers through its circulating library, to keep abreast of the latest and best thought of the profession at a mere fraction of the cost which the plan of individual subscription entails.

Apart from these considerations, the association has no inducements to offer to those who have not already done so, to become members. Those who are bearing the burden of its labors and perplexities would gladly welcome their brother practitioners to a share in these, and in whatever honors go with them. They are not building up a library for their exclusive use, but for the use of all practitioners and students; for from the first whatever it has had to offer of educational value, has been equally available to all seekers after knowledge, with the exception that the members are entitled to the first use of its periodical literature; all others to the use of it after it is returned to the shelves.

The retrospect is far from discouraging; and it is to be hoped that the future will have less of perlpexity for all and less hard work for the few than the past has had.

We have enough to show as the result of ten years of labor to serve as an encouragement to our successors, a prophecy of larger harvests,

"In the far off summers which we shall not see."

Any irritation of the bowels is good reason for emptying them, except true cholera, in which absolute stoppage of peristalsis is imperative.

The Prevention of Seasickness. — Dr. Julius Simon, of Berlin (Die Therapie der Gegenwart, January, 1907) experimenting upon himself, found that a rubber band about the neck was capable of preventing seasickness. The band was applied beneath the collar so as to be invisible and was put to the severest test in his case with the most excellent results.

SELECTED ARTICLE

SUPRAPUBIC CYSTOTOMY AS A PRELIMINARY TO, AND AS A ROUTE FOR THE PERFORMANCE OF A CONSIDERABLE NUMBER OF PROSTATECTOMIES.*

W. T. ELAM, M. D.

ST. JOSEPH, MO.

Professor of Genito-Urinary Surgery and Diseases of Women in the Ensworth-Central Medical College.

This paper does not contemplate a review of the etiology, pathology, symptoms and diagnosis of prostatic growths. Rather it will have to do with the benefits resulting from preliminary suprapubic drainage in the obstructive ammoniacal, infective cystites, the removal of calculi, and, in many cases, the immediate or deferred enucleation of the prostate, or the offending portion thereof, through the same route.

Prostatectomy in the last decade has come rapidly into prominence. Like other surgical procedures on organs to which little attention had previously been given, it has rapidly assumed all the features of a fad. The pendulum by the action of extremists has, it seems, been forced beyond the limits of its usual excursion. By reason of the vying efforts of surgeons to devise new methods or routes of attacks upon and for the removal of the prostate, the possible preservation of its function, and even the life of the patient has been in many cases, it appears, lost sight of.

In a general way it may be said that the success of operations on organs deeply seated depends upon the knowledge one possesses of their structure, function, location and relation to other organs, and, as well, the ability of the surgeon to determine the condition and particular portion of the organ involved, together with a perfect familiarity with the route, or routes, by which the organ may be most readily and satisfactorily reached.

Not only does this statement apply in regard to the prostate, but it applies with equal, if not greater force, when it comes to considering the obstructive urinary and systemic results of its overgrowth. Anything short of a perfect appreciation of these features impels many surgeons to at once subject their patients to tedious, life trying operations for the removal of the cause of the obstruction, rather than the life-prolonging procedure of establishing vesical rest and drainage —the more trying measure of enucleation being essayed when the patient has reacted

*Read before the surgical section of the Missouri State Medical Association at Jefferson City, May 16th, 1906. Reprinted from the Medical Herald.

from the effects of the obstruction and can be hoped to fairly resist its shock.

It would transcend the limits of this paper to go into a minute detailed description of the anatomy and function of the prostate. All that really concerns us here, is the gross anatomy. It will therefore serve our purpose to describe it as a musculo-glandular organ about the size and shape of a horse-chestnut surrounding the first inch and a quarter of the urethra, or neck of the bladder. It is located below and behind the os pubis, above and behind the deep layer of the triangular ligament, in front of the rectum, and below and in front of the base of the bladder. It is composed of two lobes and an isthmus, the latter located mainly between the ejaculatory ducts behind and below the floor of the prostatic urethra and below its vesical orifice. This is the portion which, when hyperplastic or the seat of tumorous growths, has been erroneously called the middle or median lobe of the prostate. It is a sexual organ of a sensory, secretory, and muscular character. On account of its attachments and relations it is almost immobile. When hyperplastic or affected by tumorous growths, by reason of its limitations, it can only enlarge to any considerable extent in the direction of either the rectum or bladder. While in no sense a urinary organ, its principal symptoms when affected are of an obstructive urinary character, i.e., frequent, painful urination, partial or complete retention.

Prostatism, while possible of recognition in its earlier stages by experienced surgeons, as a rule creeps upon the individual insidiously, frequently reaching an advanced stage—the patient having oft times accommodated himself to this or that discomfort without consulting his family physician. When compelled to call upon his medical adviser for help, he is usually relieved of his acute retention, or other symptom, and taught the use of the catheter as a measure of relief. The result of such procrastination is that the major portion of the cases falling into the hands of the surgeon are not only affected with this or that form of prostatic pathology, but have in addition grave alterations of an obstructive or infective nature in the bladder, ureters, kidneys, and, as well, a pronounced toxicosis attended by gastro-intestinal disturbance and malnutrition.

In order to establish limitations for preliminary suprapubic cystotomy in this connection, we will divide prostatics as regards their surgical importance into three classes, as follows: (1) Those who are between the ages of 45 and 65 years, who pass water voluntarily, are only compelled to urinate once or twice at night, in whom the retained urine is small in amount and does not undergo rapid decomposition changes without bladder irrigations, and who do not reveal albumen and casts upon urinary examination. (2) Those compelled to urinate frequently at night, who suffer from considerable retention, decomposition, and recurring attacks of acute cystitis, who have damaged kidneys from obstructive or infective causes shown by albumen, casts, and a chronic uremo-septic condition. (3) Those who have passed through, or who have any or all of those features mentioned in class two plus a sudden complete retention, thus creating an emergency which calls for some form of immediate surgical interference in order to prolong the patient's life.

In class one, no claim is made that preliminary urinary drainage is absolutely necessary, but, if doubt exists as to the outcome of severe surgical procedure, time sufficient should be taken to thoroughly prepare the patient for the shock which, in some instances, appears to be out of proportion to the character of the operation. If stone be present, a cystotomy might well be the first step to a future prostatectomy. By drainage and bladder irrigations the irritated and overworked viscus is given rest and soothed to a degree which allows it to rapidly return as nearly as possible to its normal condition.

In class two, the urgency which exists in the majority of these cases is not for the removal of the prostate, but rather a distinct indication for good vesical drainage and rest, thus relieving the bladder, ureters and kidneys, which have been mechanically obstructed and possibly infected for years. These patients present a greatly reduced resistance, owing to defective elimination and the constant poisonous influence of the uremoseptic products in the blood upon such vital structures as the heart, circulatory and nervous systems. The hepatic and gastro-intestinal involvement help to bring about the anemia and resulting malnutritive condition. The age of these patients, in itself an important factor, is usually above 65 years. The occasional or frequent use of the catheter is their habit. They frequently offer little hope for immediate major surgical shock, but can often be carried successfully through the more serious operation following a cystotomy, a week or ten days being allowed for drainage and the use of tonics, eliminatives, etc., with a view of removal of toxic products and the building up of the vital powers of the patient to a maximum.

In class three, are included those who have been going from bad to worse, as noted in class two, and in whom for vari-

ous reasons, such as recurring acute exacerbations of cystitis or nephritis, attended by sudden and complete retention an emergency exists which must be met by an immediate surgical measure with a view of giving either temporary or permanent relief. These patients are in no condition to withstand grave surgical shock on account of extreme prostration, the result of an acute uremo-septicemia engrafted upon the pre-existing chronic toxicosis. Catheter life in most instances has been the rule, and the continuous mechanical and frequent septic results attending the use of this instrument have added their quota to the pathology, and indeed, often precipitates the crisis, which creates the imperative demand of immediate operative interference which should be attended by a minimum of shock and intended to only relieve the existing extremity and prolong life. In these cases a prostatectomy by any route and with any form of anesthesia is almost certain to result fatally. Even a suprapubic cystotomy rapidly done under infiltration anesthesia, or with ethyl-chloride, while offering the only hope is uncertain regarding its prognosis.

In class two, if stone be found to be present, or if the pathology be located in the so-called median, or in the posterior part of the lateral lobes, the tumorous masses bulging into the bladder, and the general condition of the patient is such as to warrant one in believing that he can withstand some additional shock, and the urine is free from septic elements, a general anesthetic should be administered and a suprapubic cystotomy rapidly done and the stones removed or the offending portion of the prostate enucleated at once.

After the bladder had been opened it requires but little time to locate and remove stones. The examining finger in the bladder re-enforced by the first two fingers of the other hand, or those of an assistant, in the rectum acting as an elevator enables the surgeon to quickly determine whether the operation can more satisfactorily include the enucleation of the growth by this route. The intra-vesical ocular advantages offered by this route also recommend it in those cases in which it is indicated. If it is decided that the operation can safely be extended to include the removal of the prostate or the diseased portion of same, the patient should be placed in the Trendelenburg position and a longitudinal incision about one inch long should be made through the bladder mucous membrane in the median line below, or slightly to one side of the vesical orifice of the urethra and the enucleation proceeded with after the method of Fuller. The cavity from which the mass has been removed may be packed lightly, or, if hemorrhage be considerable, tightly with gauze, a portion of which is allowed to extend out at the lower angle of the belly wound alongside the drainage tube. After twenty-four or forty-eight hours, this may be removed, the drainage tube being left until the urine is free from traces of blood and is normal in other respects. The tube may then be removed and the bladder and belly wound closed by suture or allowed to heal spontaneously.

In class three, there exists, as before stated, only one indication for surgical interference, and that is an immediate and imperative demand for vesical rest and drainage in order to relieve the profound obstructive kidney and systemic disturbance, thus prolonging life. The surgeon who has regard for the reputation of surgery will hesitate many a time, and rightly so, before subjecting his aged, poisoned, and enfeebled patient to a major operation with its maximum of shock in order to remove an obstruction, when the effects of that obstruction can better be obviated by a minor operation with a minimum of shock, thus relieving damaged kidneys and enabling the system to not only eliminate poisonous products, but to in a great measure overcome the existing dyscrasia. By rapidly making a suprapubic cystotomy with infiltration, or ethyl-chloride anesthesia, syphon drainage can be established for a period of from one to two weeks, enabling the patient to regain his usual health and resistance before subjecting him to the more formidable operation of removal of the prostate. The patient during the interim between operations can, by use of a rubber urinal strapped to his thigh, sit up in a wheel chair, or in many cases be permitted to walk about. During this time the free use of water, urinary antiseptics, mild laxatives and easily digested nutritious food, together with bladder irrigations, should be resorted to.

Drainage by the suprapubic route is to my mind the ideal method for the following reasons: 1st. Drainage is perfect as the water is syphoned off, and by reason of this the tube does not become filled with salts and mucus settlings, as is the case with the perineal tube. 2d. The tendency of the bladder contractions, should any occur, is not to expel the tube, as in the case of the perineal tube. 3d. In case the tube is expelled, it can be easily and painlessly replaced. 4th. In case the tube is expelled, drainage continues, which is not the case by the perineal route, as the internal sphincter closes allowing the retention of urine necessitating its periodical voidance, requiring bladder work, which we want to avoid. 5th. It admits of

bladder irrigations. 6th. It allows rest and subdues chronic inflammation of both bladder and kidneys by removing the continuous and intermittent pressure of a decomposed or septic fluid. 7th. It allows the urine to become almost, if not entirely free from septic and decomposition products, thus reducing the hazard of infection from the subsequent operation. 8th. The fact that a wound located in or about the anal triangle running into the urethra or bladder, on account of the frequent soiled condition of the dressings increases the hazard of new or recurring infections to a much greater extent than is the case in a suprapubic wound.

I make no claim that the suprapubic is the easier route, or even the one of choice for the performance of the major portion of prostatectomies. I do claim, that in many cases the immediate demand is for drainage and vesical rest. I prefer the suprapubic route for this purpose, and if conditions are favorable the prostatectomy can be performed at the same time, although I find but few patients whose interests are not better safeguarded by deferring the prostatectomy until a later date, at which time it can be performed by the route which seems best adapted to the character of the growth.

The plea in this paper is for conservatism in the effort to prolong life in the case of the advanced and extreme prostatic.

Suite 236 Logan Block.

DON'T forget the prolonged sitz bath in case of tardy labor.

A SEA career is opening for several hundreds of nurses. Two graduate nurses from New York Hospital have been placed on passenger steamships of the Hamburg American line, and more will be needed. Other first-class steamboat lines will, no doubt, follow this example, and the trained nurse will become a recognized necessity in the first class steamship, as the physician now is.

A PROTEST FROM DRS. MAYO.—We have lately suffered an unwarranted intrusion into our private affairs through the publication in certain newspapers of a sensational article furnished by a "Sunday Supplement" syndicate. Up to the present we have succeeded in checking several such publications. We are taking legal steps to determine what redress, if any, may be had, and to what extent not only ourselves but the medical profession as a whole, can be protected against such outrages on common decency.

W. J. and C. H. MAYO.
Rochester, Minn., Feb. 10, 1907.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

Why the State Medical Practice Act Should be Amended.

THE amendments to the Missouri Practice Act which are being considered by the present General Assembly should be adopted. We have urged an entirely new law, but as that is not to be at this time, the amendments offered are imperatively needed. Through an unfortunate wording of the present law it has been judicially declared that physicians registered prior to March 12th, 1901, are beyond the pale of the jurisdiction of the State Board of Health so far as the revocation of their licenses to practice is concerned. And even though the State Board should in any instance exercise its jurisdiction to revoke the license of such a physician, it is clear that in spite of this fact he could continue in the practice of his profession. Moreover, there is nothing in the present law which prohibits such a physician or any layman from holding himself out to the public as a licensed practitioner of medicine and surgery. It is hoped that physicians will exert every influence at their command to insure the passage of the amendment which will remedy this defect as well as the one making more effective the law relative to criminal abortion.

TUBERCULAR BREAST.—Powers advises removal of breast and axillary contents, exploring axilla even though nothing be felt on external application.

DR. JOHN YOUNG BROWN has been appointed to the chair of surgery in the Medical School of St. Louis University, and has been made surgeon-in-chief to St. John's Hospital, positions made vacant by the death of Dr. A. V. L. Brokaw.

Preparation for the Study of Medicine.

It has been predicted that the preliminary requirement in the matter of preparation for the study of medicine would ultimately include the gaining of a baccalaureate degree; the Medical Department of the University of Pennsylvania is taking a long step toward this high standard of preparation, though, wisely, the change is to be made gradually, beginning with the session of 1908-1909, and reaching its maximum three years later. The essential points of the plan as adopted by the trustees of the University are as follows:

I. For the session 1908-1909, in addition to the present requirements, either one of two foreign languages, French or German; (2) Physics; (3) Inorganic Chemistry, including qualitative analysis; (4) General Biology or General Zoology.

II. For the session 1909-1910, in addition to the requirements of 1907-1908, the candidate must have completed successfully work equivalent to that prescribed for the freshman class in colleges recognized by this university.

III. For the session 1910-1911, in addition to the requirements of 1907-1908, candidates must have completed successfully work equivalent to that prescribed for the freshman and sophomore classes.

IV. Candidates who have successfully completed at least three years of an accepted college course, may be admitted with conditions in chemistry, physics and general biology or zoology.

The maximum requirement is two years of collegiate training, including biology, chemistry and physics. The two additional years of collegiate training are regarded as an adequate preparation for entrance in a professional school. The importance of the candidate having had instruction in subjects leading to the study of medicine is so generally recognized that biology, chemistry and physics have been added to the requirements. This combination of special and general training is without doubt a much more logical requirement than a collegiate degree which does not imply any special preparation for medical studies.

Dr. Pinckney French was recently elected to the presidency of the Missouri-Lincoln Trust Company, one of the most important financial institutions of our city. In spite of vast financial interests and duties Dr. French is still doing a considerable amount of major surgery.

The Proposed Change in Administration of Our City Hospitals.

Pursuant with the plan inaugurated by the Medical Society of City Hospital Alumni and developed through the Joint Council, which is composed of representatives from the various medical organizations of the city and which has had for its principal result the recommendation of amendments to our city charter, the adoption of these amendments has become a strong feature of the spring political campaign, and one in which the entire profession is vitally interested. Through committees of the St. Louis Medical Society a very complete ward organization of physicians has been undertaken and the intelligent support of candidates favorable to the amendments is purposed. An effort to get physicians to vote at their primaries, and to interest their friends and clientele in doing the same is actively under way at the time of writing. Both Republican and Democratic primaries will be past before this reaches our readers and the first result of the campaign will be known. The charter amendments best tell the changes advocated, and as they cannot have too much publicity we are pleased to reproduce them:

An Act in Amendment of Section 5, Article XII, of the City Charter or Article —— of a New Charter.

Section 1. There is hereby created a hospital and out-patient department of the City of St. Louis, which shall be managed, directed and controlled as provided by this charter and by the ordinances of the City of St. Louis by a Board of Trustees, as herein after provided, whose members shall possess the same qualifications as the mayor, and shall give bond in such sum as may be ordained by the Assembly, with sufficient sureties for the faithful performance of duty.

Sec. 2. The control of said Board of Trustees shall be exercised over the City Hospital and Associated Dispensaries, the Female Hospital, the Quarantine Hospital, the Insane Asylum and the Poor House, as now existing, and be extended to branches that may from time to time be established, or like institutions that may be created.

Sec. 3. Said Board of Trustees shall consist of six citizens of the City of St. Louis of recognized capacity and fitness, together with the mayor, ex-officio. The members of said Board of Trustees shall be elected on a general ticket and by the qualified voters of the City of St. Louis. The term of office of said trustees, so elected, shall be six years, except that those first elected shall be classified by

lot, so that their terms shall expire two in two years, two in four years and two in six years, respectively. All vacancies from any cause, shall be filled by the mayor until the next succeeding election. Said trustees shall receive no pecuniary compensation or be interested directly or indirectly in the furnishing or performing of work, labor or services, materials or supplies of any kind to or for said hospitals by contract or otherwise. No trustee shall hold any office of emolument under the city, state or national government, except the office of notary public.

Sec. 4. Any trustee may be removed by due legal procedure as prescribed by the city ordinances for removal of municipal officers upon proof of official misconduct, or neglect of duty, or for mental or physical disability.

Sec. 5. Said Board of Trustees shall organize as soon as practicable after said trustees are elected. It shall biennially choose from its members, at a regular meeting to be held in the month of————, a president and other officers for the term of two years. It shall select and employ a competent salaried secretary. It shall establish rules and regulations for the administration and government of said institutions, subject to general and specific legislation. Said board shall have the power to appoint and remove such superintendents, medical officers, subordinate officers, and other employees, as may be necessary for the efficient management and conduct of said institutions. The board shall keep accurate and detailed accounts, in a form approved by the comptroller, of all moneys received and expended by it, detailing sources and purpose. It shall during the month of————in each year, transmit to the mayor a report of the condition of the institutions under its care and management.

Sec. 6. Said Board shall appoint a medical staff, representative, as far as feasible, of the several schools of medical practice, for each and every institution under its control. The staff shall consist of attending and consulting physicians and surgeons, who shall serve, as directed by the Board, without pecuniary compensation, and shall hold office for a term of two years. This medical staff shall be made up of citizens of the City of St. Louis, members of the profession and of reputable character and of good standing and of recognized ability. They shall deliver clinical lectures and devise methods of bedside teaching. Vacancies occuring in said staff shall be filled by the said Board of Trustees.

The said medical staff shall be advisory to the Board of Trustees in all matters pertaining to the fullest accomplishment of the humane purposes of the named institutions. All appointments for medical and surgical house-officers, of said institutions and outpatient departments, shall be made by the Board of Trustees only on nomination by the said medical staff, after competitive examinations conducted by said staff.

Sec. 7. Said Board shall annually, at a regular meetig in the month of————, elect by ballot a superintendent for each of the named institutions. The duties of the superintendents shall be prescribed by the Board and shall be of a general administrative and executive but non-medical character.

The adoption of these amendments or the incorporation of their substance in an entirely new charter, which has been strongly advocated, will work tremendously for the advancement of medical affairs in our city and at the same time will work to the advantage of the laity. We believe they should be adopted. There will doubtless objections arise and the profession should be ready to explain and defend. Up to the present the only criticisms we have heard of the plan are relative to the number of trustees, it being thought that the number may be decidedly too small for the work which they will have to do; and in the matter of possible graft should the wrong men be made trustees. Such an evil would be only a remote possibility, but the possibility should be safeguarded against.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The program just issued for the Omaha meeting, March 21, 22, is a most excellent one, and includes twenty-five papers by representative men of the West. Since we published the preliminary program, in our last issue, additions have been made, as follows: "Mesosigmoiditis and Its Relation to Gynecology," by Dr. Emil Ries, Chicago; "Some Views on Appendicitis, Gained by Ten Years of Surgical Practice," Dr. C. O. Thienhaus, Milwaukee; Practical Experience with Morphine-Hyoscine Compound," Dr. F. E. Walker, Hot Springs, S. D. Copies of the program may be obtained by addressing the secretary, Dr. Chas. Wood Fassett, St. Joseph, Mo.

EXCURSION TO ATLANTIC CITY.

The plans for the Missouri Valley party to the meeting of the American Medical Association, in June, are nearly completed, and a most enjoyable trip may be anticipated. The low rate to be named by the railroads (one fare, plus $2 for round trip), the pleasure of a daylight ride over the picturesque "Chesapeake & Ohio" route, through the re-

sorts of Virginia, and a visit to Jamestown Exposition, all conspire to enthuse the medical man with a desire to join the party. In addition, there is in prospect a short stopover at the famous "White Sulphur Springs," the most aristocratic summer resort of New England, a visit to Washington, D. C. (ten days stopover if desired) and a steamer trip down the Potomac river to Jamestown, where one may witness the great exhibit of the world's navy. Talk to your friends about the trip, and invite them to go with you and see the finest bathing beach in the world at Atlantic City. Every one will be welcome, whether members of this society or not. Our special cars will leave Omaha, Kansas City and St. Joseph via St. Louis, without change, arriving at Atlantic City early Monday morning, June 3, thus affording ample time to get "settled" before the opening session, and allowing those who desire to attend the various auxiliary societies, meeting on Monday. Full particulars will be given in our next issue.

THE ST. LOUIS MEDICAL SOCIETY has lately inaugurated a new venture in the form and character of its weekly announcement, which now appears in a larger size and under the name "The Weekly Bulletin." The Bulletin will be entered in the mails as second class matter, and it is purposed that its size shall further be increased as there is occasion. In addition to the week's program, the announcement of scientific work in prospect, a roster of the officers and a list of applicants for membership, the Bulletin devotes two pages of its initial number to "Society News."

A CONFERENCE of the officers and committees of the St. Louis Society was held at the Auditorium on the evening of February 26th, at which matters of interest were informally discussed. Among the subjects considered were the Bulletin, the growth of the society's membership, social intercourse and fellowship within the society, and the methods of conducting the business of the society as emphasized by the revision of the by-laws which is now in progress. The conference seems to have been a happy thought, and it is safe to say that every man there hopes that it may be repeated.

UNSANITARY HOMES.—How should we combat bad sanitary conditions in homes? 1. By an educational health campaign in the homes, carried out by the board of health and a staff of trained visitors. 2. By a compulsory notification of cases in all cities. 3. By enlarging the powers of health boards, so as to deal efficiently with the question of disinfection of the houses occupied by tuberculous patients. 4. By attention to housing the poor, proper control of tenements and the regulation by law of the number of persons in each house. 5. By placing upon the landlord the responsibility of providing, under the control of the board of health, a clean, wholesome house for a new tenant. 6. By the wholesale condemnation of unsanitary streets and blocks and the rebuilding of them by the municipality.—Osler.

MISS LUCENE MATTHEWS, an antivivisectionist, recently appeared before a meeting of the Chicago City Council and complained of the methods of the city dog catchers and vivisection. Miss Matthews stated that she would rather lose her life than sacrifice the life of a single dog unnecessarily and inquired the views of the aldermen upon this question. The response from several city fathers was that they would prefer to sacrifice the lives of all the dogs in Chicago rather than lose their own.

THE JOURNAL OF INEBREITY after thirty years of continuous studies of the disease of inebriety and drug taking begins its new decade by entering upon comparatively new field of physiological and psychological therapeutics, for the treatment of these neuroses. Arrangements have been completed by which "The Archives of Physiological Therapy" has been consolidated and will hereafter be published as a part of "The Journal of Inebriety." This very able monthly has been developing parallel lines of study with The Journal of Inebriety. In the opinion of its managers its scientific value would be greatly enlarged by concentrating its work along some special lines. The disease of inebriety and its allied neurosis is a field of most practical interest, hence The Journal of Inebriety is selected as a medium for continuing the work of The Archives of Physiological Therapy. Henceforth in addition to the various phases of this subject which the Journal has presented, the therapeutic effects of hot air, radiant light baths, electricity, massage, psycho-therapy measures and other physiological means will occupy a prominent space. This effort to clear away the confusion and broaden the studies of the therapeutic means for cure, will make The Journal of Inebriety one of the most practical and valuable visitors to every hospital and institution, as well as to all specialists who treat brain and nerve neurotics. We shall aim to present and formulate the latest studies and facts along these frontier lines, and in this way lift the whole field of therapeutics out of its present imperic stage into one of rational therapeutics.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

MORPHOLOGY AND EMBRYOLOGY OF THE NASAL FOSSAE OF VERTEBRATES. By Leon Dieulafe, University of Clermont. Translated by Dr. Hanau W. Loeb, Professor of Diseases of the Nose and Throat, St. Louis University, St. Louis. Reprinted from the Annals of Otology, Rhinology and Laryngology.

This work shows deep study and close application. It will be of great interest to rhinologists, and especially so to those who have gone more deeply into the embryology of the nasal fossae of the human being. It opens the door to further research along comparative lines. Dieulafe begins with the amphroxus and ends with mammals. His treatise is thorough and in a high degree scientific throughout. As there is no similar work in the English tongue it is the more to be appreciated. Dr. Loeb is to be congratulated on his excellent translation and on the fact of his having made available to English readers so important a treatise. His example should be an incentive to others to translate such works as may, by their originality and merit, be of interest to the American physician.

GRAYSON'S LARYNGOLOGY. The Diseases of the Nose, Throat and Ear. By Charles P. Grayson. M. D., Clinical Professor of Laryngology, Medical Department, University of Pennsylvania. New (2d) edition, revised and enlarged. Octavo, about 550 pages, with 152 engravings and 15 plates in black and colors. Philadelphia and New York: Lea Brothers & Co., 1906, (Cloth, $4.00, net.)

The author has made this, the second edition of his work more complete than was the first, several new sections have been added and the whole text has undergone thorough revision. The general plan of the book has not been changed, and the author again emphasizes that characteristic which has made him so great a success as a teacher, that is he not only tells you what to do, but he tells you *how to do it*. He does not, as is so often done in books on the specialties, deluge the reader with a too extended therapy, but simply gives that which he has found most effective. The volume makes a complete and comprehensive text-book, and as such can be highly recommended to students, general practitioners and specialists.

THORNTON'S POCKET MEDICAL FORMULARY. New (8th) edition, revised to accord with the new U. S. Pharmacopeia. Containing about 2,000 prescriptions with indications for their use. In one leather bound volume. Philadelphia and New York: Lea Brothers & Co., Publishers, 1907. (Price, $1.50, net.)

This is unquestionably the best formulary that it has been our privilege to see. It happily bears none of the ear-marks which so often characterize works of its kind of catering to those who would prescribe without an intelligent acquaintance with the remedies prescribed. In many points it will prove an incentive to study where another formulary might have quite the opposite effect. From its first edition the book has been kept constantly up-to-date and absolutely dependable, additions have been made as frequently as worth was demonstrated. The revision of the U. S. Pharmacopeia makes it especially important that the new edition, which has included such changes as will put it in harmony with the latest, be substitued for those which have gone before.

THE ALIENIST AND NEUROLOGIST for February contains the following: Psychological Studies in Man's Evolution—Erotic Symbolism—Intermittent Recoverable Cerebrasthenia Senilis, or Cerebrasthenic Senile Dementia in Recurrent Form—Neurones in the Light of Our Present Knowledge—Alcohol in Therapeutics—Condition of Cuban Insane Asylum—All Night and Eight Hour Labor Shifts in the Canal Zone—An Android Woman Homosexually Conjugally Mated—The Professional Endeavor—Etiology of Speed Mania—An Alcoholic Drunk Obsession—Our Proprietary Pharmaceutical Allies—Police Euthanasia in San Francisco—Dr. James L. Greene—An Illustration of Psychokinesia—Placebo Philosophers and the Bismarck Archipelago—A Psychic Block System for Railroads—Physiology and the Physician—Lombroso and Thaw—Beverly Farm School—Lord Rosebery's Brilliant Idea—The Aching Tooth and the Motorman—"Sight Unseen" Lawyer and Doctor Choosing—Psychic Sanitary Sense—Adequate Timely Sleep—A Righteous Judgment—A Psychic Spasm of Unwritten Law—Quinie as a Defense of Crime—Insane Fraticides. Together with the usual number of selections.

EYESIGHT TEST FOR GERMAN RAILROAD EMPLOYES.—Employes of the railroads in Prussia must have their eyesight tested when they enter the service, again when they enter on another branch of work which makes greater demands on the eyesight, and again when appointed to any official position. Beside this, the eyesight must be tested anew every five years, at which time the men are also to be examined for ocular and constitutional affections, and also for injuries to the head. In certain branches of the service the employes are allowed to wear glasses to bring their vision to the proper standard, but artificial aids are not permitted to switchmen and bridge-tenders, signal men, locomotive engineers and stokers, conductors or dispatchers.

TEXTILE BUILDING, JAMESTOWN EXPOSITION
Jamestown Exposition opens April 26, and closes November 30

REPORTS ON PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

Diphtheria Epidemic at the Adirondack Cottage Sanatorium.—Brown Allen and Lupton (Am. Jour. of the Med. Sci., Feb., 1907) give the details of a diphtheria epidemic occurring at the above institution which lasted for a period of fifty-one days. Eleven cases of clinical diphtheria developed, and in thirty-two other individuals diphtheria bacilli were found on culture. There were no fatalities and no serious complications. In all over 400 immunizing doses were given to 17 individuals—129 tuberculous and 45 non-tuberculous. Their conclusions are as follows: 1. In institutions immunizing doses of antitoxin of 500 units should be given every two weeks for two or three times. 2. Diphtheria may occur in patients two weeks after an immunizing dose of 500 units. 3. It is unnecessary to endeavor to separate individuals with positive cultures from the nose and throat without clinical symptoms from those with negative cultures when immunization is carried out. 4. One negative culture from the throat is sufficient neither for diagnosis nor for raising quarantine. 5. The advisability of taking cultures from the nose except in nasal diphtheria may be questioned. 6. Careful isolation for three or four weeks under a trustworthy nurse should be practiced. After that time the patient with a positive culture should be left out of the general dining-room or buildings and at a distance of four feet from all non-diphtheritic patients. 7. Some untoward symptoms, usually slight, appear in most patients. A rash, arthralgia, swelling and general malaise occur most frequently. Slight transitory rise of temperature occurs frequently. 8. In institutions where out-door treatment is rigidly enforced the epidemics will probably be cut short. 9. In the presence of a diphtheria epidemic, patients with pulmonary tuberculosis should be treated as regards the diphtheria, as otherwise healthy individuals. 10. When the tuberculous persons contract diphtheria they should be moved out of doors as soon as possible. 11. Mild diphtheria seems to exert little or no harmful influence upon the pulmonary lesion in the tuberculous. 12. The antitoxin in small or large doses seems to have little or no effect upon the pulmonary tuberculosis. 13. Immunizing doses may be given to patients with fever. 14. Complications seem to occur after diphtheria no more often, possibly less, in the tuberculous than in the non-tuber cu lous.

Heart Massage as a Means of Restoration in Cases of Apparent Sudden Death..—Green (The Lancet, Dec. 22, 1906) analyzes 40 cases, among which there are 9 successful and 8 partially successful cases; that is cases in which life was prolonged for periods ranging from two to twenty-four hours. The author makes the following statements: It has been possible in human beings to restore the heart beat by massage when ordinary measures of resuscitation have failed, even when the massage has not been commenced until the heart has been stopped for forty-five minutes, but a definite and complete cure has never yet been affected when this interval has been longer than from seven to eight minutes. In many of the cases the adoption of massage for a period of from thirty seconds to five minutes has been sufficient to restore the heart beat, but it has sometimes been necessary to go on with it for fifteen minutes, or even longer. Artificial respiration and its adjuncts must also continuously be applied and sometimes it is necessary to persevere with it long after pulsation is restored in order to re-establish the respiration. For cases of sudden heart and respiratory failure he outlines the following procedure: 1. Immediate lowering of the head and commencement of artificial respiration and tongue traction, taking care that a free access of air to the lungs is possible, and, therefore, implying tracheotomy if necessary. 2. If the abdomen is open, pressure on the abdominal aorta to confine this circulation to the upper part of the body. If it is not open the intravenous injection of adrenalin solution and the application of Crile's rubber suit, or failing this, tight bandaging of the limbs and abdomen. 3. The subcutaneous or intravenous injection of normal saline solution, partly to raise the blood pressure and partly to dilute any poisons which may be in the blood and tissues. 4. If the above methods have not been successful after being applied for from eight to ten minutes heart massage by the subdiaphragmatic method. This route should always be adopted, unless the chest is already open or to be operated upon, as being the easiest way of access, the one fraught with least danger to the patient, and the one which has given the greatest percentage of success. The time is fixed at from eight to ten minutes, because eight minutes is the limit of the interval at which up to the present time a complete success has been obtained in man, and if it is exceeded the danger of the production of fibrillary

twitchings, inability to restore consciousness and the development of spasms in the voluntary muscles with consequent failure of the manipulations have to be taken into consideration. The unavoidable extension of this limit should, however, be no bar to the adoption of the method, as very hopeful results have been obtained, even when forty-five minutes have elapsed from the onset of the syncope before it has been tried. 5. After normal pulsation has returned to the heart, artificial respiration must be continued until spontaneous breathing has been restored or until circumstances make it improbable that such restoration will be obtained.

Early Diagnosis of Infectious Diseases by the Recognition of the General Involvement of the Lymphatic Glandular System.—Vipond (British Med. Jour., Dec. 15, 1906) has made it a practice to carefully examine the lymph nodes in children with an elevated temperature or where other signs of an acute illness was evident without any local condition to account for the general symptoms. His observations warrant him in deducting the following conclusions: 1. The nodes are enlarged in infectious diseases. 2. They are enlarged some days before the development of the disease. They are tender and enlarged seven days before the rash of measles appear. 3. The enlargement is most marked between the ages of from 3 to 18 years. 4. The enlargement is not produced by the irritation of the rash, but is due to the absorption of the poison or toxin. 5. As a rule nursing infants do not contract infectious diseases readily, as the tonsils are small and inactive. 6. The tendency to contract infectious diseases is much lessened if the mouth and tonsils are in a healthy condition. 7. The enlargement of the nodes is more marked in certain infectious diseases than in others, for instance they are larger in erysipelas, measles and rubello than in scarlet fever and whooping-cough. 8. They resolve more quickly in diphtheria under the influence of antitoxin than they do in measles and erysipelas. 9. In all infectious diseases (except those of local inoculation) the poison most likely enters the system through the tonsils. 10. Suppuration does not take place in the nodes unless we are dealing with a mixed infection.

Cyanosis, General and Local.—Oliver (The Lancet, Dec. 29, 1906) discusses this subject under the heading of enterogenous cyanosis, that of intestinal origin, that of aniline workers and finally local cyanosis or Raynaud's disease. The first variety frequently occurs in those who regularly take, on their own responsibility, the various headache and other powders containing acetanilid and similar compounds. Some cases have been found to be due to the presence of intestinal parasites which possess the power of altering the composition of the blood. Workers in aniline colors become markedly cyanosed. The poison enters the system through either the skin digestive or respiratory tracts. The symptoms are nausea, vertigo, drowsiness, muscular pains, and a sense of weakness with tremor and anesthesia. The skin becomes blue, the cyanosis often being very pronounced. The mucous membrane of the mouth, gums, conjunction, the lobes of the ears, the face, the hands and feet show the discoloration best. The cyanosis is not due to venous stasis, but depends on a colored substance in the blood, probably methemoglobin. Recovery takes place when the individuals cease work for a time. The pathology of Raynaud's disease is unknown. No special lesion has yet been found in either the cardio-vascular or nervous systems, central or peripheral. Yet there must be some nervous causes, since the attacks come on after emotional states. The causes of tissue death are: (1) obstructed arterial circulation; (2) impeded venous flow; (3) obstructed capillary circulation owing to diseased walls of the vessels; and (4) death of the cells by poisons due to microbes. Excepting in those cases where gangrene has occurred and where the structural alterations in the blood-vessels and nerves have been the consequences rather than the cause of the gangrene, no constant changes have been found in the peripheral nerves and blood vessels. It would seem as if some peculiar local change occurred in the tissues of the part affected in Raynaud's disease, where by either in consequence of the contraction of arteries and veins due to some central nervous condition influencing the vasomotor center, or in consequence of altered chemical states of the blood or pathological changes in the walls of the minute vessels, that either of these conditions singly or combined, but accompanied by poisoning of the cells of the part either through their own toxines or by the poisons brought to them, is capable of causing death of the tissues and the formation of a gangrenous slough.

Anomalous Cases of Pernicious Anemia.—Grelland (British Med. Jour., Jan. 12, 1907) enumerates cases of essential anemia in which the symptoms had been characteristic of other conditions. Among the cases reported by the writer are those under the guise of amaurosis, peripheral neurites, aphasia, gastro-intestinal disease, renal disease, acute Bright's disease and pyemia. He emphasizes the fact

that pernicious anemia is by no means an uncommon disease and that many cases are not recognized because of the unusual manner in which they begin or the course they run, and the only means in concluding a correct diagnosis is by an examination of the blood, which he urges should be a routine matter in every case, regardless of the symptoms.

A Case of Influenzal Meningitis.—Douglas (The Lancet, Jan. 12, 1907) briefly reviews the literature of cases of meningitis due to the influenza bacillus and reports in detail an observation of his own in an infant girl, age ten months. Lumbar puncture gave 5 c.c. of fluid containing numerous short bacilli, which possessed the cultural and microscopical characteristics of the Pfeiffer bacillus. Death ensued on the sixth day. The post-mortem examination showed a thick, green pus covering the surface of the brain and cord. From the exudate influenza bacilli were also cultivated.

Functional Albuminuria in Athletes.—Collier (British Med. Jour., Jan. 5, 1907) examined the urine of 156 athletes attending the Oxford University while in training for boat racing. With the cold nitric acid test 81 specimens out of the 156 showed a definite amount of albumin, while the heat and nitric acid test showed 89 out of the 156 to contain albumen. The writer believes that a certain amount of cardiac hypertrophy is normal in athletes, so is a certain amount of albumin in the urine a few hours after violent exercise. He does not think that the insurance companies ought to continue to refuse to consider the acceptance of the lives of young men between the ages of 18 and 30 whose urines are found to contain a slight amount of albumen after exercise when it can be shown that no albumin is present after rest or after a meal.

GYNECOLOGY.

E. S. McKEE, M. D.

Syncytioma Malignum.—John T. Hewes-ton (Practitioner) reports a case of syncytioma malignum, the history of which brings out the following points: Metrorrhagia following abortion or labor, should call for prompt investigation, especially in women under thirty. Dilatation and curetting, in such circumstances is an operation of considerable responsibility, in view of the possibility of malignant disease. Sharp curettes are contraindicated in the parturient uterus, and where septic infections exist. All such curettings should be submitted to an expert pathologist for microscopical examination. Continued metrorrhagia, after such treatment should be regarded as of serious import, and should call for fresh investigation and prompt radical measures.

Garrulitas Vulvae.—W. Schuelin believes that perhaps comparatively few medical men have heard of the condition which was described by Loehlein in 1879 as garrulitas vulvae (Deut. Med. Woch.) the term was introduced to differentiate the condition from that of a recto-vaginal fistula. Air is pressed out of the vagina with a more or less audible noise. The first question which the author sets himself to answer is whether the gas expressed is atmospheric air or whether the gas is developed in the vagina from micro-organisms. The latter theory has been suggested for some cases, but no explanation has been forthcoming as to how the micro-organisms can develop sufficient gas to produce a loud noise. Schuelein has seen several cases and describes two which permit of the decision of this question, and further throw light on the development of the garrulity. In one case the vaginal noises started after the first confinement, and increased during the course of three years. The patient complained of irregular hemorrhages, white discharge, and nervousness as well. On examination, the introitus was found to be large and lax, and there was a moderate degree of prolapse of both anterior and posterior walls of the vagina. The perineum was intact. In addition, he found endometritis and an erosion on the cervix. The hemorrhages, etc., were easily controlled by baths, diet, and astringent douches, and the general condition of the patient was greatly improved, but the air still made a noisy exit from the vagina. Later she again became pregnant, and during the latter months of the pregnancy the garrulity ceased, to return again after the delivery. He was able to convince the patient that the condition was not serious, and in this way quieted her mind to a certain extent. Getting the patient to lie on her back with her knee drawn up and her arms placed above her head, he found by introducing the finger into the vagina, that the vagina filled with air on taking a deep inspiration. The same result was noted when she was placed in the knee-elbow position. This could be repeated as often as he liked, and, on expiration, a loud noise was produced by the air passing through the vulva. Had it been due to gases developed in the vagina, the repetitions within a short time would have been impossible. In a second case the same signs were made out. The noises were so loud that the patient

found it impossible to enjoy the society of anybody, and she became so much affected by it that she threatened to commit suicide. All ordinary treatment (irrigation with astringent solutions, etc.) failed to relieve, and it was therefore decided to perform colpoperineorrhaphy. This had the desired result; and although a little air entered and left the vagina still it did so without an audible sound. The vulva was so narrow after the operation that it only just admitted two fingers. Schuelein considers that garrulitas vulvae is produced by a laxness of the vaginal walls, and especially of the posterior wall, and also of the abdominal walls. The perineum may be intact, but often it has been ruptured at a previous confinement, and only the superficial tissues have been repaired. The condition is much more common in multiparae than in mulliparae. It is not so uncommon as one usually believes, only the majority do not like to complain of the symptom to their doctor. It is more common among the poorer classes than among the more wealthy. The apparent increase in the number of cases may be in part due to the new-fashioned reform dress, which admits of slackness of the abdominal walls.

Cancer in the Cervical Stump.—Andrew F. Currier (N. Y. Med. Jour.) believes that after hysterectomy the patient should be examined at periods of six months to ascertain if the cervix is involved by cancer. This is especially desirable for those whose tissues are in a bad condition of nutrition, or who suffer from hereditary taint. Complete removal of the uterus suffers greater security from cancer than does retention of the cervix.

Causes of Sterility.—G. G. Ward (Am. Jour. of Obstetrics, August, 1906) has drawn the following conclusions: (1) As conception is dependent upon healthy spermatozoa, normal ova, the union of the same, and the proper implantation of the fertilized egg, so sterility is most frequently dependent upon acquired lesions and congenital defects which cause sterility by interference with these essentials. (2) Many cases of acquired sterility are due to lesions which cause such changes in tubes and ovaries as to prevent the union of spermatozoa and ova. (3) Gonorrhea is the most frequent cause of such lesions. (4) Acquired sterility in many cases is due to endometritis, which causes such changes in the endometrium as to prevent the proper implantation of the impregnated ovum. (5) Sterility associated with flexions, displacements, subinvolution, fibroids, and other neoplasms is caused by the accompanying chronic endometritis, which prevents proper implantation. (6) A cause of unhealthy endometrium and of tubal disease which may prevent union of the male and female elements is the chronic inflammation and congestion of the uterus and adnexa incident to subinvolution and sepsis. (7) Gonorrhea not only causes sterility in women in seventy per cent of cases, but is also the cause of sterility in the male. (8) In two-thirds of all cases of gonorrhea in women, the woman has been infected by the man.

Ovarian Cysts Situated Above the Superior Strait, Complicated by Pregnancy.—Patton (Surg., Gynec. and Obst.) after reporting three cases and reviewing 321 collected from literature, draws the following conclusions: 1. Ovarian cyst is not an uncommon complication of pregnancy. 2. Ovarian cyst is a dangerous complication of pregnancy. This danger varies with the kind of treatment instituted for its relief. 3. Removal of the cyst by laparotomy before labor yields the best results for mother and child. 4. The mortality in laparotomies, during pregnancy, for removal of an ovarian cyst is not greater than in the non-pregnant patient. 5. There is no definite elective period in which laparotomy should be performed. The case should be operated as soon as the diagnosis is made. 6. Dangerous complications are more frequent in ovarian cysts with pregnancy than in those where pregnancy is absent. 7. Ovarian cysts are especially dangerous in the early puerperium. 8. Tapping an ovarian cyst gives only temporary relief, is not curative, and is a dangerous procedure. It should be employed only in those cases of enormous distension when operation is absolutely refused. 9. Induction of labor and craniotomy entail absolute death of the child, and are of great danger to the mother. 10. If, for any reason, treatment by other means than laparotomy, before labor becomes necessary, it should be followed by removing all of the cyst as early in the puerperium as possible.

Innervation of the Uterus.—Labhart (Archiv fuer Gynecology) found in the uterus of the human subject a very complex network of nerves, to which larger branches are distributed within the middle muscular layer and the smaller divisions around into the fasicles. He did not succeed, however, in demonstrating satisfactorily the manner in which the nerve elements terminated in the musculature of the endometrium, nor were ganglionic cells found. He thinks we have no reason to believe that an intramural ganglionic system exists in the uterus, as has been claimed by a number of investigators who compare the uterus in this respect to the heart. Uterine contractions from our present knowledge seem to be due to one of two

causes; they result from a stimulation of the cervical ganglion, or are reflex originating in some part of the body including perhaps the uterine wall itself. But little has so far been known of the distribution of the nerve within the tissues of the organ itself. Anatomists-physiologists and gynecologists have endeavored to throw some light on this subject, but unfortunately their efforts have failed in most respects.

The Low French Birth-Rate.—One of the first acts of the Minister of Labor, M. Rene Viviani, was to publish a digest of the statistics sent in by registors concerning the birth and deaths of last year. The figures show that the excess of births over deaths in France is decreasing yearly. The annual average for the last decade is 50,971, but the excess last year was only 37,120. The rate of the excess of births over deaths is 19 per 10,000 of the population, whereas in Great Britain it is over 100 and in Germany 148. M. Viviana's report also shows that the death-rate is higher than it has been for three years. In 44 departments out of 86 the number of deaths actually exceeds the number of births. The thickly populated industrial districts show a sharp decline in the birth-rate, and in the Department of the Seine, practically speaking, Greater Paris, there were 2,944 fewer births than in 1904, although the population of the department is steadily increasing.

The Oral Administration of Antitoxin. —(Therapeutic Gazette, Jan. 15, 1907.)—The advantages which surround the oral administration of antitoxin in the treatment of diphtheria and tetanus, the two diseases in which antitoxin treatment has so far proved itself advantageous, are so numerous and great as to be manifest even to the lay mind, since it cannot be denied that the natural way of introducing substances into the body for effect upon the organism is by the mouth, and that hypodermic injection is possessed of some danger. Further than this, the necessity of preparing antitoxin in such a way that it can be given by the hypodermic syringe adds so greatly to the cost as to prove a serious obstacle to the free use of these valuable therapeutic agents. On the other hand, the few clinicians who have attempted to treat diphtheria and tetanus by the administration of antitoxin by the mouth have rarely obtained sufficiently satisafctory results to make them inclined to repeat the procedure or to recommend it to their less venturesome comrades. We note with much interest a valuable original research by McClintock and King which is published in the Journal of Infectious Diseases of October 30, 1906, their investigations being made upon animals and men. They find that the administration of antitoxin by the mouth cannot be relied upon to produce results which correspond in value to those which follow its hypodermic use, but they also find that antitoxin is absorbed as such from the stomach, and aids the body materially in combating the infection. A very interesting part of their research is their ability to show that diphtheria and tetanus antitoxin when mixed with trikresol, salol, chloroform and opium are much more effective when they are taken upon an empty stomach, in which the digestive function has been diminished by the simultaneous administration of some drug, than when they are administered to a stomach which is in an active state. In other words, if the digestive juices are present in large quantity they act deleteriously upon the antitoxic substances, and therefore it is important to see, first, that the antitoxin is administered by the mouth during a period of starvation, and second, that several hours must be allowed to elapse for the absorption of these substances before food is taken. The best methods for the purpose of diminishing digestive activity have not as yet been decided by them, but the substances which we have named, and which are commonly mixed with antitoxin for preservative purposes, seem to result in its more speedy absorption than occurs when pure antitoxin alone is given. If any method can be devised by which fairly accurate and reliable results can be obtained from the oral use of these substances, a distinct therapeutic advance will be made, and while the quantity of serum may of necessity be greatly above that now commonly employed by the hypodermic needle, the cost will be markedly diminished because of the simplified method of administration.

A persistent elevation of temperature after a radical operation for mastoiditis should lead one to suspect the possibility of a complicating brain abscess. If the fever shows wide fluctations of temperature a sinus thrombosis is more probably the cause.

Warts.—

℞ Sulphur sub..... ʒv
Ac. acet. glac..... ʒiiss
Glycerin..... ʒij

M. Sig. Apply the paste to the warts on small pieces of linen or spread with a brush at night. Wash off the next morning. Repeat till the wart drops off.—The Surgical Clinic.

FAVORITE PRESCRIPTIONS

CHRONIC MALARIA.—

℞ Tinct. iodine comp..... 2 drachms
Liq. potass. arsen..... 2 drachms
Seng..... 3½ ounces
Chionia..... 4 ounces

M. Sig.: Teaspoonful in a wine glassful of water three times a day after meals.—Burnett in New Eng. Med. Monthly.

DRY ECZEMA OF THE SCALP.—In dry scalp eczema of the scalp apply at night 1 or 2 per cent) tar ointment or still better the following combination:

Ichthyol.....
Oil of birch.....aa 15 grs.
Oil of cade.....
Zinc oxide.....aa 75 grs.
Lanolin.....
Petrolatum.....aa 1½ oz.

In the morning shampoo the scalp with a superfatted soap.—Clin. Med.

DIARRHEA OF ADULTS.—

℞ Bismuthi subnitratis..... 3ij
Iodoformi.....
Saloli.....aa gr. xxiv
Acidi tannici..... 3ij

Pone in cachetas No. xij. Sig. One cachet every six hours.

Indication.—An intestinal tuberculosis.—Ex.

DIABETES MELLITUS.

Liq. potassii arsenitis..... 3jss
Tinct. opii deodorati..... 3v
Syrupi zingiberis..... 3j
Aquae cinnamomi, ad..... 3iv

Teaspoonful thrice daily.—Potter's Materia Medica.

Codeinae..... gr. viij
Alcoholis, q. s. ad solv.
Syrupi..... 3ij
Aquae, q. s. ad..... 3iv

Teaspoonful twice daily, the dose to be gradually increased up to a tablespoonful—Pavy (Potters' Mat. Med.)

Lithii carbonatis..... gr. xl
Sodii arsenatis..... gr. j
Ext. gentianae..... gr. xx

Ft. pil. No. xxv.

One night and morning until sugar disappears.—Vigier (Potter's Mat. Med.)

CYSTITIS.—

Potassi bromidi.....
Sodii bromidi.....aa 3ii
Extr. belladonnae fol..... gr. iv
Extr. buchu..... 3i
Syr. sarsaparilllae comp., q.s. ad 3iv

Tablespoonful three times a day after meals.—Pepper.

VARICELLA.—The child should be isolated and, as a rule, be put to bed for a day or so and sponged once or twice daily with a warm carbolized solution, carbolized lanolin being applied to the spots to allay the itching. Later, when the crusts have formed, the following combination may be applied:

Acidi carbolici..... *m*xv
Acidi borici..... 3iss
Glycerini..... 3iii
Aquae rosae..... f℥i
Aquae, q. s. ad..... f℥iv

Apply to the affected parts once a day.—Cycloped. of Med. and Surg.

SPERMATORRHEA AND SEXUAL WEAKNESS.—Beisdes the general treatment and the use of steel sounds and dilators, Wm. J. Robinson has used some solutions which, instilled in the prostatic urethra, have produced most excellent results. One of the solutions has the following formula:

Strychninae sulph..... gr. i
Hydrastinae hydrochlor..... gr. x
Aquae destill..... gtt. 400

One drop of this contains 1-400 gr. of strychnine and 1-40 gr. of hydrastine. By the aid of a Guyon or a Bumstead syringe, 1 to 4 drops are deposited in the prostatic urethra.

Another combination is:

Hydrastinae hydrochlor..... gr. x
Ergotini..... 3i
Aquae..... gtt. 600

Dissolve and filter. Dose, 1 to 10 drops in the urethra.

Still another combination is:

Strychninae sulph..... gr. ¼
Hydrastinae hydrochlor..... gr. v
Sol. adrenalini chl. (1:1000).. gtt. 100

Dose, 1 to 4 min. endourethrally. The conjoint use of arbutin is very beneficial, and may be administered almost as a routine measure in every case of sexual and vesical weakness. The dose should range from 1-6 to 1-2 grn. every two hours.—Amer. Jour. Clin. Med.

OZENA.—

℞ Potassii permanganatis..... 3 ij
Aq. dest..... fl ℥ xvj

M. Sig. Tablespoonful to a pint of tepid water as nasal douche several times a day.—Ex.

URTICARIA.—Burgess recommends:

℞ Hydrarg. chlor. corros..... gr. ij
Chloroformi..... *m* xx
Glycerini..... ℥ ij
Aq. rosae..... ℥ vj

M. Sig. Poison. Apply locally twice daily.—Medical Standard.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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THE SPIRIT OF THE MEDICAL PRESS.

(Abstracts by Dr. J. R. Johns, Chadd's Ford, Pa.)

Factors Predisposing to Phthisis.—In an elaborate paper on the causation of tuberculosis Dr. L. P. Barbour, of Boulder, Colo. (Med. Rec., Sept. 22, 1906), cites, in the order of their frequency, the factors which predisposes persons to the development of tubercular diseases. In substance he writes thus of each factor: 1. Susceptibility.—This is always relative and variable in the same person by reason of changing conditions. When it is extreme the person is said to be predisposed. 2. Predisposition.—This depends upon a condition of the cells or juices by reason of which an amount of infective material which would otherwise prove harmless becomes disease-producing. Whatever lowers the vital resistance to the specific bacilli predisposes to tuberculosis. 3. Heredity.—Anything in the environment of the parent that lowers the vitality of the child predisposes to tuberculosis in the latter. Any prolonged or exhaustive disease will do this, but by all odds the most prolific is tuberculosis itself. That tuberculosis produces greater predisposition than any other disease inducing like feebleness, is not true. There is no such thing as a specific predisposition in the offspring of consumptive parents. The occurrence of tuberculosis is in such children is due to the opportunity for infection rather than to unusual susceptibility. 4. Unsanitary Homes and Workshops.—This condition favors the spreading of germs and also lowers the component cell-force of the individual. The want of sufficient oxygenation prepares the soil for this particular seed. 5. Insufficient and Improper Food.—Ill-nourished persons are susceptible to all sorts of diseases. There is abundant evidence that insufficient food directly increases the prevalence of consumption. 6. Age.—It is probable that the proportion of tuberculosis, taking all its forms, is greater among children under eight years than during any other eight consecutive years in the span of life. In children the glandular forms are most frequent and the pulmonary least so. 7. Sex.—Excessive child-bearing and prolonged lactation appear to be the only two factors in the female predisposing to tuberculosis. Otherwise the influences of sex are alike. 8. Climate.—A cold, damp climate is operative in two directions: It leads to more indoor life and exposes to inflammatory diseases of the respiratory organs. 9. Diseases—Of most importance are diseases of the lungs and the heart, and diabetes. In addition to lowering the powers of resistance these have other features favoring infection. Of the latter the inflamed mucous membrane, the small, weak heart action and the presence in the system of sugar, respectively, are of greatest importance. 10. Worry and Grief.—Probably this is most frequently rather the immediate cause of the activity of a dormant disease than of initial infection. Still, any cause which can act thus would presumably predispose to the first infection. 11. Alcoholic Intemperance.—All the actions of alcohol make for susceptibility to disease. This is a matter of common observation. In the case of the habitual drunkard we find, in addition to lowered vitality, exposure to infection, improper food and other recognized factors in paving the way to consumption.

Voluntary Emesis.—A plan for emptying the stomach downward at will is described by Dr. Albert H. Burr (Med. Summary, Jan., 1907). The plan is recommended for the expulsion of residual chyme, or partially retained food, and to replace lavage. It is ap-

plicable in adults generally, who can master the technique, provided there is no pathological obstruction to the pylorus. The symptoms amenable to this plan are a sense of epigastric fulness, acid eructations, splashing sound on palpation, wakefulness after retiring, restless, dreamy sleep and a feeling of gastric discomfort, if not of pain. In substituting the plan for washing out of the stomach the generally repulsive tube is eliminated and valuable new features gained, such as massage of the stomach and flushing of the duodenum. The doctor thus gives the details of the method as he employs it: "The patient is instructed to lie upon the right side, so that the stomach contents may gravitate to the pylorus. The diaphragm is now rendered tense as a base of resistance by a deep inhalation, and the breath is held while slow, strong, rhythmic contractions of all the abdominal muscles are made. Twenty or thirty such impulses, together with a weakened peristalsis in the stomach itself, will serve to literally express the belated contents through the normal channel to the relief of the distressed organ and the immediate comfort of the patient. If relief is not gained after a few minutes' rest, the movements are to be repeated. The desired end can scarcely fail. A little persistence in gaining voluntary control of the muscles to be used will soon give one the knack of doing this little stunt, which is well worth knowing. The process is a reversed voluntary emesis by alternate compression and physiological syphonage of the stomach contents." Lavage by this method he describes as normal lavage and recommends that it be performed in the early morning, preferably before rising. A pint or more of a suitable alkaline solution is ingested and forced into the duodenum. If constipation is a feature an effervescent laxative, as granular sodium phosphate, may be employed. It may be repeated each morning indefinitely.

Like New Year's Resolutions?— The dozen physicians of the little town of Monessen, Pa., have combined with the pharmacists of that metropolis in a venture which is bringing their town into print. The druggists agree to avoid window displays of proprietary medicines and the advertisement of the same, to discourage counter prescribing and to refer patrons to a physician, and the physicians agree, on the other hand, not to dispense tablets except in a case of emergency and not to prescribe proprietary pharmaceuticals, but to indicate U. S. P. and N. F. preparations wherever possible. We are betting that both parties to the argeement broke it before it was dry on the books.

CLINICAL THERAPEUTICS

A forum of original experience, to which scientific contributions are invited. Responsibility for views promulgated limited to author.

Hypodermic Anesthesia.—On November 8., 1906, I gave your hyoscine, morphine and cactin compound a fair trial as follows: An Indian woman of the Timphnute tribe at Caliente, Nevada, was badly cut about the head and face as follows: Her upper lip was cut from the antrum of Highmore to the mouth in two parallel cuts resembling a double cleft lip. I gave the tablet as directed in your letter. The patient slept quietly during the operation of suturing, and at the end of one hour after the operation she awoke and went about her business with no apparent ill-effects from the anesthetic and no pain. I shall use it in my surgical practice hereafter and will let you know the outcome. I shall also try it in obstetrical work. It looks to me as though you have made a great stride forward in surgical and obstetrical anesthesia.—W P. Murray, Caliente, Nevada, in the American Journal of Clinical Medicine, Feb., 1907.

Severe Burn from Vaginal Douche.—(By C. Lambert, M.D., New York City.)—The case I present I consider of special significance, emphasizing as it does, the danger attendant upon the use of toxic and irritating solutions, especially in thoughtless and careless hands and also demonstrates the value of a solution of a non-toxic and non-irritant nature, such as has been brought to a state of perfection in glyco-thymoline. I was hurriedly called to see Mrs. M., age 22, whom I found suffering from a most severe burn involving the vaginal mucous membrane, the epithelium of which was completely denuded, while the perineum and adjacent parts had also suffered quite a loss of epidermis. The destructive process in the vaginal tract extended through the superficial fascia and was quite painful. She had, it seems, obtained a curbstone prescription from a medical acquaintance whom she met on the street a few days previous. Her mind, however, became confused and the proportions as was directed, i.e., one dram to two quarts of water, were just the reverse of what she did use, i.e., two drams to one quart of water, resulting when applied as stated above. I at once administered a vaginal douche composed of two ounces of glyco-thymoline to two pints of tepid water, after which I applied a layer of cotton on loose tampon saturated with pure glyco-thymoline within the vagina and a dressing of the same as applied to the perineum, etc. The tampon I did not renew until forty-one hours later.

A call out of the city at which I was detained prevented me from removing it at the end of twenty four hours as I had intended to do and it was with no little misgiving that I hastened to give it my attention. It was, however, only another exhibition of one of glyco-thymoline's most valuable properties, as the cotton was as sweet and clean as regards all odor, etc., as when applied and since then I have frequently assured myself that the preventing of decomposition of the discharges is a most valuable attribute of glyco-thymoline. The same dressing, vaginal and otherwise, was repeated at this visit, and at the next I found such decided improvement, the tissues in so healthy a state, that I merely ordered a continuance of the vaginal douche twice a day of glyco-thymoline one ounce to one pint of water, which treatment at the end of another week effected a cure.

Special Exercises for Spinal Deformities.— In a paper appearing in the American Journal of Clinical Medicine, for November, 1906, under the above title, by William M. Remus, M.D., consulting surgeon to Sister's Hospital, Buffalo, N. Y., some statements were made that must strongly impress the general practitioner. If the paper in full could be placed in the hands of every physician in general practice in the country and read carefully by each it would result in incalculable good. Dr. Remus seems thoroughly conversant with his subject, as indeed he should be, having had a large experience in this specialty. While calling attention to improper methods and exercises which do serious harm in spinal troubles, the doctor has given a full list of the exercises which will benefit those afflicted with diseases of the spine and symptoms growing out of these conditions. But what is of greater importance to the general practitioner, in the paper, is the statement of the causes of spinal curvature and how generally these causes are overlooked and, in a careless way, the symptoms instead of real troubles are treated. He says: "Of course all cases of spinal curvature begin very insidiously, and as I have indicated it may grow as a result of bending the spine forward or backward, sideways, or to the right or left. This position being maintained too long causes undue pressure upon the bodies of the vertebrae and produces the deformity. If the patient has a tendency toward tuberculosis, caries of the spine may result." . . We are often called upon to make an examination of a patient at the office when we are hurried and neglect a careful examination. We should not glance at the case hurriedly and say there is nothing the matter with the spine or that it will grow out of the trouble. The child should be stripped, should be allowed to stand in its natural position, giving it time to accustom itself to its surroundings and allow the muscles to relax. In a few moments the drooping of one shoulder will be noticed and the space between the arms and the body will not be the same on both sides. When first taken into the presence of a physician, children very often hold themselves erect for a few moments, but after the first feeling of strangeness has been worn off, the muscles grow a little tired, and they will allow themselves to droop into the position which they naturally assume at home, and then and not till then is a slight deformity apparent." . . I cannot but feel that I must strongly impress upon the profession the necessity of observing these cases more closely, and especially the importance of taking proper measures to straighten these incipient curves as early as possible. We all know that a child cannot grow out of a curve in the spine, but will rather grow into it, and that even the slightest scoliosis will in time produce decided change in the ribs and vertebrae, and that it will be impossible to ever wholly rectify the deformity unless we take time by the forelock, and correct it by suitable exercises and support." Throughout the well considered paper the doctor shows the necessity of early and frequent examinations of children and young adults that they may not through neglect become permanently deformed or crippled. In his paper Dr. Remus gives but little attention to suggestions of appliances for support, for rectifying deflections of the spine and correcting curvature, but in one paragraph an article by J. W. Seaver, M.D., physical director of Yale University, is referred to in which the attention of the medical profession is called to an appliance for use in such cases in the following terms: "Of all appliances for correcting deviations from the normal contour of the spine, cases where there is no breaking down of the bone, and where it is desirable to relieve the spine from longitudinal pressure and still retain some mobility, I have used the Sheldon appliance, made by the Philo Burt Manufacturing Company of Jamestown, N. Y., with great satisfaction."

It seems to me to be the duty of some medical man who is better known than I am, and whose words would carry great weight, to urge upon physicians more careful and closer examinations of all who come under their care, that the present rate of (30% of the entire population) sufferers from some form of spinal troubles may be reduced in the next generation to a minimum.

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